Examples of Member Cost Share – Non-Medicare Retirees

Below are four examples of member cost share for non-Medicare retirees enrolled in the State Health Plan Blue Cross Blue Shield of Michigan (BCBSM). Please note: charges and approved amounts are examples only, and assume use of a participating provider.

Example 1

\$76.38

\$56.38

Office Visit - Under BCBSM, office visits are *not* subject to a deductible, but effective October 1, 2014 the co-pay will increase from \$15 to \$20.

Total office visit charge

\$100.00 •Office visit amount billed to BCBSM as primary insurance.

BCBSM Approved Amount

•BCBSM would not pay more than the maximum approved amount for this office visit, and the provider has agreed to accept this approved amount as full payment.

BCBSM Payment

•BCBSM pays 100% of the approved amount, less the \$20 co-pay.

Member's Responsibility

•The remaining amount is the co-pay for the office visit.

Example 2

\$900.00

\$34.73

Surgery – Effective January 1, 2015 the in-network deductible will increase from \$300 to \$400, and on October 1, 2014 there will be a 10% coinsurance for many services. In this example the member has not satisfied the annual deductible of \$400 under BCBSM.

Charge from Surgery

•Surgery amount billed to BCBSM as primary insurance.

BCBSM Approved Amount

•BCBSM would not pay more than this maximum approved amount for this surgery, and the provider has agreed to accept this approved amount as full payment.

Member's Deductible (member repsonsibility)

•This service is subject to the annual deductible.

BCBSM Payment

•BCBSM pays 90% of the approved amount from above after the annual deductible is met.

Member's Responsibility

•The remaining 10% is considered the coinsurance for this surgery. This is the amount the member would be responsible to pay and is applied toward the annual out-of-pocket maximum.

Examples of Member Cost Share – Non-Medicare Retirees

Example 3

Effective January 1, 2015, the in-network deductible will increase from \$300 to \$400. Member has satisfied the annual deductible of \$400 under BCBSM. In this example the member has had several other services this plan year; however, has not reached the \$2,000 out-of-pocket maximum.

\$900.00 •Surg

- Charge from Surgery
- •Surgery amount billed to BCBSM as primary insurance.

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- BCBSM Approved Amount
- •BCBSM would not pay more than the maximum approved amount for this surgery, and the provider has agreed to accept this approved amount as full payment.

\$672.59

- BCBSM Payment
- •BCBSM pays 90% of the approved amount from above.

\$74.73

\$747.32

- Member's Responsibility
- •The remaining 10% is considered the coinsurance for this surgery.

Example 4

Surgery – Effective January 1, 2015 the in-network deductible will increase from \$300 to \$400, and the individual out-of-pocket maximum limit increases from \$1,000 to \$2,000. Member has satisfied the annual deductible of \$400 under BCBSM. In this example the member has had several other services this plan year and has reached the \$2,000 Out-of-Pocket Maximum.

\$900.00

- Charge from Surgery
- •Surgery amount billed to BCBSM as primary insurance.

\$747.32

\$74.73

\$0.00

- BCBSM Approved Amount
- •BCBSM would not pay more than this maximum approved amount for this surgery, and the provider has agreed to accept this approved amount as full payment.
- BCBSM Payment
- •BCBSM pays 90% of the approved amount from above.

• BCBSM Payment

- Member has reached the \$2,000 Out-of-Pocket Maximum for the year therefore, the remaing 10% coinsurance cost for the surgery will be covered at no cost to the member.
- Member's Responsibility
- •Member reached the \$2,000 Out-of-Pocket Maximum and is not required to pay anything further within this plan year.